

THE SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN GROUP HEALTH PLAN AMENDMENT #2

This amendment is attached to and made a part of the The Superior Court of California, County of Kern Employee Health Care Plan. Amendment #2 is effective **June 1, 2009**, and reflects the following changes:

- Amend the Plan to include a Saving – Amendment clause in the Introduction section.
- Amend the Plan to allow for special enrollment rights in the event a Participant or his or her eligible Dependent (1) loses coverage under Medicaid or a state child health program, or (2) becomes eligible for state assistance with respect to paying his or her contributions to the Plan.
- Amend the Plan to increase the claims filing limit from six months to twelve months.

INTRODUCTION

It is the intent of this Plan and the Plan Administrator to comply with all applicable Federal and State laws and regulations. In the event of non-compliance with any such law or regulation, the Plan Document will be deemed amended to comply with said law or regulation as of its effective date, and the remainder of the Plan Document will remain in full force and effect. Similarly, in the event a law or regulation applicable will be deemed included in this Plan Document as of its effective date and without the necessity of an amendment to this Plan Document.

ELIGIBILITY, FUNDING, EFFECTIVE DATE AND TERMINATION PROVISIONS ELIGIBILITY

ENROLLMENT RIGHTS under STATE CHILD HEALTH INSURANCE PROGRAM (SCHIP)

If an Employee has declined enrollment in the Plan for him or herself or his or her dependents (including a spouse) because of coverage under Medicaid or the State Children's Health Insurance Program, there may be a right to enroll in this Plan if there is a loss of eligibility for the government-provided coverage. However, a request for enrollment must be made within 60 days after the government-provided coverage ends.

In addition, if an Employee has declined enrollment in the Plan for him or herself or his or her dependents (including a spouse), and later becomes eligible for state assistance through a Medicaid or State Children's Health Insurance Program which provides help with paying for Plan coverage then there may be a right to enroll in this Plan. However, a request for enrollment must be made within 60 days after the determination of eligibility for the state assistance.

If you have any questions regarding the application of this provision to you, contact the Plan Administrator.

HOW TO SUBMIT A CLAIM

WHEN CLAIMS SHOULD BE FILED

Claims should be filed with the Claims Administrator within 12 months of the date charges for the services were incurred. Benefits are based on the Plan's provisions at the time the charges were incurred. Claims filed later than that date may be declined or reduced unless:

- (a) it's not reasonably possible to submit the claim in that time; and
- (b) This one year period will not apply when the person is not legally capable of submitting the claim.

The Claims Administrator will determine if enough information has been submitted to enable proper consideration of the claim. If not, more information may be requested from the claimant. The Plan reserves the right to have a Plan Participant seek a second medical opinion.

It is agreed that these changes shall be an amendment to The Superior Court of California, County of Kern Employee Health Care Plan, and shall become a part of the Plan, but shall not otherwise vary, alter or extend the terms of the Plan.

Dated on this _____ day of _____, 2009.

THE SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN

By: _____
(Signature of person authorized to make this change)

By: _____
(Print signature name and title of person authorized to make this change)